

WINTER 2007

# Maryland Board of Pharmacy news

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The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy through licensing pharmacists and issuing permits to pharmacies, and distributors, setting standards for the practice of pharmacy through regulations and legislation, educating consumers, and receiving and resolving complaints from the public regarding pharmacists, pharmacies, and distributors.

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## FROM THE EXECUTIVE DIRECTOR'S DESK

*LaVerne G. Naesea*

**H**appy New Year! The Board began the new year with an Open House on January 17, 2007. Over 100 representatives of pharmacy associations, state and federal agencies, pharmacy establishments, and former Board members received tours of the Board's *new digs*. The Board offices moved in late summer, from the third floor to the first floor of the 4201 Patterson Avenue building in Baltimore, Maryland. Please feel free visit and ask for a tour when you're in the area.

Before there was time to catch our breaths from the holidays, Board and staff members were off and running in 2007. Some loose ends needed to be finished and new activities were initiated. The process for registration of pharmacy technicians was on the minds of many as January 2007 rolled in. The Board withdrew the proposed regulations, due to some late modifications, which led to delays in implementing the new registration process. Not to worry, compliance monitoring is not anticipated to begin until after July 1, 2007. To allay questions and fears about meeting requirements, the Board has included frequently asked questions (with answers) in this newsletter issue. Updates will also continue to be placed on the Board's website.

The Board also began directly monitoring pharmacists under Board Disciplinary Orders related to mental health and substance abuse this year. Previously, PEAC had been contracted to act as the Board's

agent in monitoring those pharmacists. The Board intends to contract with PEAC to assist pharmacists with mental health and substance abuse problems who are not under any current disciplinary action or order by the Board. In accordance with COMAR 34.10.05B, Duty to Report, pharmacists are required to report conduct by a pharmacist that involves drugs or alcohol abuse or dependency to a pharmacist rehabilitation committee. PEAC is currently the pharmacist rehabilitation committee recognized by the Maryland Board of Pharmacy. Please continue to refer pharmacists that may require support to PEAC to potentially avoid harm to your patients or themselves, and allow them the opportunity for rehabilitation without having action taken against their license. If you are a pharmacist who feels you may have a problem, PEAC can provide confidential assistance and support. The Board has no access to the identity of persons receiving treatment through PEAC, unless the Pharmacist does not comply with the terms of the PEAC rehabilitation contract.

Speaking of contracted agents, the Board recently received approval from the Secretary of the Department of Health and Mental Hygiene to assume the duty to perform its own annual pharmacy inspections, effective October 2007. In the past, the Division of Drug Control (DDC) had been assigned by the Secretary to act as the Board's agent in performing routine inspections. The Division of

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# FROM THE EXECUTIVE DIRECTOR'S DESK

*LaVerne G. Naesea ...continued from page 1*

Drug Control is also responsible for issuing Controlled Substances Permits and inspects entities to which those permits are issued. DDC will continue in that role and be enabled to increase its focus on investigations related to CDS violations. However between now and October, the Board and DDC will be meeting to work out details related to our specific regulatory roles and working more closely together in strengthening, as well as streamlining, the processes for monitoring entities that are licensed to dispense and or distribute medications in Maryland.

The Board was recently requested by Senator Joan Conway and Delegate Peter Hammen to bring Katherine Eban to speak before their respective committees about the counterfeit and adulterated drugs that are being distributed by wholesale distributors across the U.S. – including Maryland. Ms. Eban wrote the highly acclaimed book, *Dangerous Doses*, which details some of the systems and schemes used by criminals to become state-licensed which then allows them to distribute counterfeit and adulterated drugs. Subsequent to her presentation, several legislators have volunteered to sponsor legislation to strengthen the wholesale distribution laws in Maryland.

The 2007 Legislative Session is in full force and the Board has been busy tracking several bills. Among the bills pharmacists may want to follow is HB 100, because it would require all Health Occupation Boards to convene a work-

group to develop recommendations for requiring all licensed health practitioners in Maryland to receive instruction in cultural competency. Becoming culturally competent is an important first step in addressing health care disparities among certain sub-populations in Maryland. In fact, the Board voted at its December 2006 meeting to begin including articles in this newsletter at least twice a year related to the issue (see *The Importance And Logistics Of Cultural Competence In Continuing Medical Education* in this issue). Additionally, effective January 2007, the Board voted to accept up to 3 CEs in Board-approved Cultural Competency courses as part of the 30 CEs required every two years from Maryland pharmacists.

I am concluding this commentary with a special thanks to all of the friends and colleagues of the Board who provided support in 2006. As is demonstrated above, much was achieved during the past year. I particularly want to thank Board and staff members who supported me during a very trying and personally difficult year in my life. I was both moved and motivated to move forward by their continued drive for fairness, safety and excellence in protecting Maryland's pharmacy patients. We all are looking forward to successfully completing implementation of the plans that were developed through our strategic planning process in 2006. Thanks again to everyone for continuing to work with the Board. ■

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## THE IMPORTANCE AND LOGISTICS OF CULTURAL COMPETENCE IN CONTINUING MEDICAL EDUCATION

*Prepared by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities*

January 22, 2007 - Cultural competency in health applies to all health care providers in every aspect of their work. It simply means that health care providers possess a set of behaviors, attitudes and policies that are tailored to address the linguistic and cultural needs of their patients. Understanding and respect of the cultural, religious and lived experiences of others is key in every aspect of existence, but it is especially important in the health care arena. There is indisputable data that illustrates that increasing cultural competency of health care providers is associated with increased trust in the medical system, enhanced patient satisfaction,

and greater adherence to treatment regimens.

In order to increase the cultural competency of health care providers, the United States Department of Health and Human Services, Office of Minority Health (OMH) developed and tested a curriculum on cultural competency training for health providers entitled "A Family Physician's Practical Guide to Culturally Competent Care." The teaching module which leads to 9 free CME credits (Physicians), 9 CNE credits (Nurses) or 3 contact hours (0.3 CEs) (Pharmacists) is interactive, *free* and is based on the latest research in the area of cultural competence. It incorporates the CLAS (Culturally and Linguistically Appropriate Services) standards and

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## Acute Care Hospital Representative, Chain Drug Store Representative and At Large Representative Appointments/Nominations

**M**aryland law requires Board notification to all licensed pharmacists and other interested parties of record in Maryland of anticipated Board vacancies, to solicit nominations to fill the vacancies and to provide procedural information for contacting representatives of the groups that submit nomination lists for new Board appointments to the Governor. This newsletter article serves as that notification.

The Board of Pharmacy is comprised of ten (10) pharmacist members and two (2) consumer members. A Commissioner may serve a total of two consecutive four-year terms. The Commissioners' terms are staggered. The full text of the statute is found in Health Occupations Section 12-202. The term for the Commissioner serving in one of the **Acute Care Hospital Representative** seats will expire April 30, 2007. The pharmacist currently filling that seat will end a second term, and is therefore not eligible for reappointment. The terms for the Commissioners serving in one of the **Chain Drug Store Representative** and in one of the **At Large Representative** seats will expire April 30, 2007. The pharmacists currently filling those seats are eligible for reappointment.

Maryland law designates specific categories of representation for the 12 Board seats: Two (2) non-pharmacist consumer members are appointed by the Governor to the Board with the advice of the Secretary and the consent of the Senate. The ten (10) pharmacist members are appointed by the Governor, with the advice of the Secretary of the Department of Health and Mental Hygiene, from lists submitted by the appropriate associations as noted below:

**Acute Care Hospital** (Two seats): The Maryland Society of Health System Pharmacists submits three (3) pharmacists' names, who at the time of appointment practice primarily in an acute care hospital, for each open seat;

**Independent** (Two seats): The Maryland Pharmacists Association and the Maryland Pharmaceutical Society jointly submit three (3) pharmacists' names, who at the time of appointment practice primarily in an independent pharmacy, for each open seat;

**Chain Store** (Two seats): The Maryland Association of Chain Drug Stores submits three (3) pharmacists' names, who at the time of appointment practice primarily in a chain store pharmacy, for each open seat;

**Home Care Infusion** (One seat): The Maryland Society of Health-System Pharmacists submits three (3) pharmacists' names, who at the time of appointment, practice primarily in a pharmacy that specializes in the provision of home infusion/home care services for the open seat;

**Long Term Care** (One seat): The Maryland Society of Consultant Pharmacists submits three (3) pharmacists' names, who at the time of appointment practice primarily in a pharmacy that provides services to a long-term care facility, for the open seat, and

**At Large** (Two seats): The Maryland Pharmacists Association (MPhA) submits a list of all interested pharmacists that have submitted their names to MPhA for each open seat.

The requirements for appointment to the Board are as follows:

### PHARMACIST APPOINTEES (10)

- Maryland resident
- Licensed Maryland pharmacist
- Skilled and competent pharmacist
- Possesses at least five years of active pharmacy experience

### CONSUMER APPOINTEES (2)

- Maryland resident
- May not have been a pharmacist
- May not have a household member who is a pharmacist or participates in the pharmacy field.
- May not have participated in the pharmacy field
- May not have had a substantial financial interest in a person regulated by the Board within two years prior to the appointment.

*Continued on page 4*

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## Acute Care Hospital Representative, Chain Drug Store Representative and At Large Representative Appointments/Nominations ...continued from page 3

**E**ligible licensed pharmacists who wish to be considered for the 2007 **Acute Care Hospital Representative** appointment should contact the Maryland Society of Health System Pharmacists (MSHP) to obtain an application form and a description of Board member duties. Eligible licensed pharmacists who wish to be considered for the 2007 **Chain Drug Store Representative and At Large Representative** appointments should contact the Maryland Association of Chain Drug Stores, the Maryland Pharmacists Association or the Maryland Pharmaceutical Society to obtain an application form and a description of Board member duties. Write or call:

### **Acute Care Hospital Representatives:**

Anna Leonhardt  
*Maryland Society of Health System Pharmacists*  
8480-M Baltimore National Pike, #252  
Ellicott City, MD 21042  
410.465.9975  
410.465.7073 fax  
e-mail: [mshp@rxassociationmgt.com](mailto:mshp@rxassociationmgt.com)

### **Chain Drug Store Representatives:**

Gary Wirth

*Maryland Association of Chain Drug Stores*  
c/o Giant of Maryland LLC  
8301 Professional Place, Suite 115  
Landover, Md. 20785-2351  
(301)341-4823  
Fax (301)618-4046  
e-mail: [gwirth@giantofmaryland.com](mailto:gwirth@giantofmaryland.com)

### **At Large Representatives:**

*Maryland Pharmacists Association*  
650 W. Lombard Street  
Baltimore, Maryland 21201  
Phone: 410-727-0746  
Fax: 410-727-2253

and/ or

Gina McKnight-Smith, President  
*Maryland Pharmaceutical Society*  
ATTN: Jermaine Smith, RPh, MBA  
4501 W. Forest Park Avenue  
Baltimore, MD 21207

Applications may be found on the board's website, [www.mdbop.org](http://www.mdbop.org) under What's New. ■

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## REPORTING STOLEN/ FORGED PRESCRIPTION PADS

*Summar J. Goodman*

**T**he Board has established a webpage for the reporting of stolen or forged prescription pads. Visit <http://www.mdbop.org/alert/missing.htm> to review a list of recently reported incidents. If you would like to report a lost or stolen prescription pad or forged prescription, contact the Board at 410-764-4755 or via e-mail at [mdbop@dhhm.state.md.us](mailto:mdbop@dhhm.state.md.us). Please be sure to include your name, the name of your office/ pharmacy, date of incident and a contact phone number where other doctors or pharmacists may reach you to verify the validity of a questionable prescription. ■

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## Board of Pharmacy Accepts up to 3 Credits in Cultural Competency

**T**he Board voted at its December meeting to begin including articles in this newsletter at least twice a year related to the issue of cultural competency. Additionally, effective January 2007, the Board voted to accept up to 3 CE in Board-approved Cultural Competency courses as part of the 30 CE required every two years of Maryland pharmacists. ■

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# INFORMATION STATION

## Pharmacy Technicians and Medication Error Prevention

*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with United States Pharmacopeia (USP) and FDA in analyzing medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, then publishes its recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://www.ismp.org)) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Rd, Huntingdon Valley, PA 19006. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

In an October 2005 article in the American Journal of Health-System Pharmacists, the results of a random nationwide survey of more than 800 pharmacy technicians' views about medication errors was published (Desselle SP. Certified pharmacy technicians' views of their medication preparation errors and educational needs. Am J Health-Syst Pharm. October 1, 2005; 62:1992-97). Most of the technicians worked in community pharmacies, but more than a quarter (27%) were employed in hospitals.

As one might expect in both settings, interruptions and inadequate staffing were among the most frequent factors perceived to contribute to technician medication preparation errors. Inadequate staffing was perceived as especially problematic in chain pharmacies, while inadequate supervision by pharmacists was cited as a factor more frequently by hospital technicians. It also may come as no surprise that the pharmacists' most frequently cited response to an error that was caught during the checking process was to make the technician aware of the error and require him or her to correct it. However, only

about 17% of the technicians reported that the pharmacist had used the error as an opportunity to provide instructions on how to avoid the same or similar errors in the future.

While many of these respondents attributed this responsibility to their organization as a whole, not necessarily the individual pharmacist who detects an error, it appears technicians may not be receiving guidance about system and process changes that can help avert errors. After an error is corrected, the checking pharmacist should find time that same day (or the next day, if necessary) to review the error with the technician and suggest ways to avoid it, including safer behavioral choices if applicable. Later, during pharmacy staff meetings or other forms of intradepartmental communication, errors, their causes, and ways to prevent them should be shared with all staff in a way that does not embarrass those who were possibly involved. ■

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## PRACTICE COMMITTEE CORNER – F.A.Q.

*What is the Board's policy if a prescription is never picked up by the patient? Can it be returned to stock and dispensed again?*

A prescription that has not been picked up by the patient may be put back on the shelf, but not put back into a stock bottle. Those medications may be re-dispensed. Please be advised, however, that if a recall occurs, that medication must be assumed to be included in the recall.

*Does a delay due to pre-authorization of an Insurance Company constitute an "emergency" under 21 CFR 1306.13 or COMAR 10.19.03.08C(1)? May the pharmacist partial fill a CII prescription while the patient is waiting of insurance authorization?*

Payment issues with an insurance company are not considered an "emergency." The regulations above only address "emergency oral prescriptions" from an authorized prescriber. If the insurance company will not cover the entire CII prescription, the patient must pay for the balance of the CII prescription. ■

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# PHARMACY TECHNICIAN FREQUENTLY ASKED QUESTIONS

*Dave Chason and Anna Jeffers*

*1) Does a pharmacy technician with over three years experience, but changed jobs after January 1, 2006, need to go through the registration process to be compliant with the new pharmacy technician regulations?*

Please be advised that there are three ways in which a Maryland pharmacy technician may register with the Maryland Board of Pharmacy. The first option requires the pharmacy technician to be currently certified by a nationally recognized technician certification program. The second option is grandfathering, where a technician has worked continuously in the same pharmacy since January 1, 2006. The third option requires the pharmacy technician to complete a Board approved pharmacy technician training program and pass a board-approved technician examination. For further information please refer to the Board's website at [www.mdbop.org](http://www.mdbop.org). On the home page click on "Pharmacy Technician Registration Process."

*2) Does a pharmacy technician who has been hired by an employer who performed a criminal history check, drug testing, and affirmed that a criminal history check was performed, need to complete another criminal history check to register as a technician with the Board of Pharmacy?*

Yes, the law indicates that an applicant for registration must submit a criminal history records check that is submitted at the same time as the application for registration. See Health Occupations Article, 126B02, Annotated Code of Maryland. You may access this code section by going to the Board's website at [www.mdbop.org](http://www.mdbop.org). Click on "Laws, Regulations, Legislation and Reports" on the left menu. Scroll down and click on "Pharmacy Statute Text."

*3) Is a pharmacy technician with current national certification upon registration with the Board of Pharmacy required to maintain a current national certification to qualify for renewal with the Maryland Board of Pharmacy?*

No, under the Health Occupations Article, Subtitle 6B, Annotated Code of Maryland, there is no requirement that a pharmacy technician maintain their national certification after initial registration with the Maryland Board of Pharmacy. All registered pharmacy technicians, however, will be required to obtain the necessary continuing education as set forth in the regulations.

*4) Does the law or will the regulations establish a pharmacist/pharmacy technician ratio in the workplace?*

No, the Maryland Pharmacy Act does not address pharmacist/pharmacy technician ratios in the workplace.

*5) How often will pharmacy technicians be required to renew their registration?*

Pharmacy technicians will be required to renew their registration every two (2) years.

*6) When will the Board of Pharmacy receive and/or approve training programs and examinations?*

Once the regulations become effective, the Board will begin approving training programs and examinations.



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## THE IMPORTANCE AND LOGISTICS OF CULTURAL COMPETENCE IN CONTINUING MEDICAL EDUCATION

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can be accessed on the following site: <http://thinkculturalhealth.org/cccm/> It is important to note that the OMH training is accredited by the American Medical Association (AMA), Association of Family Physicians, and the American Nurses Credentialing Center's Commission on Accreditation.

*The Office of Minority Health and Health Disparities is charged with promoting programs to eliminate health disparities in racial and ethnic minority groups in the state of Maryland.*

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## FLOWER MART 2007

**J**oin the Maryland Board of Pharmacy and the Maryland Pharmacy Coalition for a day of fun on Friday, May 4, 2007 at the 90<sup>th</sup> Annual Flower Mart in Baltimore's historic Mt. Vernon community.

The Flower Mart is scheduled for two days, Friday May 4<sup>th</sup> and Saturday May 5<sup>th</sup>. This year, the Board will only be participating on Friday, May 4, 2007 from 11:00 a.m. until 5:30 p.m. The theme is "90 Years and Still Blooming" and the colors are lime green and black.

The Board is currently recruiting pharmacists and pharmacy students to volunteer for two hour shifts between 11:00 a.m. and 5:00 p.m. at the booth in the Health Village. Volunteers will welcome consumers, answer questions about medications, and distribute health brochures. In an effort to better educate consumers, blood pressure and diabetes screenings will also be offered.

Consumers will be able to enjoy games, gifts and give-aways. The Board's award-winning booth continues to be one of the most popular in the Health Village section of the Flower Mart.

The Board of Pharmacy and the Maryland Pharmacy Coalition, Maryland Pharmacists Association, Maryland Society of Health System Pharmacists, Maryland Chapter of the American Society of Consultant Pharmacists, and the Maryland Pharmaceutical Society, will continue in the tradition of partnering up to participate in Baltimore's annual rite of Spring at the Washington Monument in Mount Vernon Square.

If you would like to volunteer or need more information, please contact one of the pharmacy associations listed above or sign up with the Maryland Board of Pharmacy by contacting Summar J. Goodman at 410-764-5988, or via e-mail at [sjgoodman@dhhm.state.md.us](mailto:sjgoodman@dhhm.state.md.us).

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## EMERGENCY PREPAREDNESS UPDATE

### **Recruiting Emergency Preparedness Volunteers**

Are you interested in becoming a pharmacist volunteer? Call the Board's office at 410-764-4755 or visit [www.mdbop.org](http://www.mdbop.org) and click on "Emergency Preparedness

and Bioterrorism" to access the application. Registered technicians may also apply. Please discuss the opportunity with technicians in your pharmacy. ■



# Maryland Board of Pharmacy

## How are we doing?

Please telephone or e-mail the Board staff your questions and comments.

Telephone: 410-764-4755

Licensing:	Shirley Costley	scostley@dhhm.state.md.us
Compliance:	Colin Eversley	creversley@dhhm.state.md.us
Personnel:	Patricia Gaither	pgaither@dhhm.state.md.us
Regulations:	Anna Jeffers	adjeffers@dhhm.state.md.us
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Public Relations:	Summar Goodman	sjgoodman@dhhm.state.md.us
General:	LaVerne Naesea	lnaesea@dhhm.state.md.us

## Meetings

The Pharmacy Board meetings are open to the public from 9:00 a.m. – 12 noon at 4201 Patterson Avenue, Baltimore, Maryland 21215. The Board encourages all interested parties to attend. Dates are:

**March 21, 2007**

**April 18, 2007**

**May 16, 2007**

**June 20, 2007**

**July 18, 2007**

## Address or Employment Change

Submit the *Pharmacist Change of Information form* on our website. Go to [www.mdbop.org](http://www.mdbop.org) and click on *Forms & Publications*.

## Special Notice

The Maryland Board of Pharmacy Newsletter is considered an official method of notification to pharmacists and pharmacies. **These Newsletters may be used in administrative hearings as proof of notification.** Please read them carefully and keep them in the back of the Maryland Pharmacy Law Book for future reference.

### Editorial Committee:

Summar Goodman, Patricia Gaither, LaVerne Naesea, Jeanne Furman, Donald Taylor and Linda Bethman

Newsletter Layout and Design: Summar Goodman

\*Have an Upcoming Event or Story Ideas? E-mail to [sjgoodman@dhhm.state.md.us](mailto:sjgoodman@dhhm.state.md.us)

## Board Members

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Allande Leandre

Michael Souranis

Rodney H. Taylor

Executive Director: LaVerne G. Naesea

# Maryland Board of Pharmacy

Note: Procedures for submission and approval of Pharmacy Technician Training Programs will be provided on the Board's website. Visit [www.mdbop.org](http://www.mdbop.org) for details.

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Maryland Board of Pharmacy



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